

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS647HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/27/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARMON MEDICAL AND REHABILITATION HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2170 EAST HARMON AVENUE LAS VEGAS, NV 89119</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 1/26/10 and finalized on 1/27/10 in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00023690 was substantiated with deficiencies cited. (See Tag 310) Complaint #NV00023820 was substantiated with no deficiencies cited. Complaint #NV00024313 was unsubstantiated. Complaint #NV00023913 was substantiated with no deficiencies cited. Complaint #NV00023792 was substantiated with deficiencies cited. (See Tag 310) Complaint #NV00024259 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	S 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 310	Continued From page 1	S 310			
S 310 SS=G	<p>NAC 449.3624 Assessment of Patient</p> <p>1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.</p> <p>This Regulation is not met as evidenced by: Based upon interview and record review, and policy review, it was determined that the facility did not take adequate measures to prevent a pressure ulcer for two of five sampled patients (Patient Identifiers: 1 &amp; 2).</p> <p>Findings:</p> <p>1. Patient 1 was admitted to the facility twice in 2007; on 09/22/09 through 10/05/09. The pressure ulcer developed during her first admission. Patient 1 was admitted to the facility with diagnoses that included diabetes mellitus II, history of Methicillin Sensitive Staphylococcal Aureus infection in foot in past, and status-post bunionectomy.</p> <p>A record review of Patient 1's clinical record was conducted on 01/26/10 and 01/27/10. No documentation related to a heel pressure ulcer during the 09/22/09 through 10/05/10 stay could be found. There were two photos of Patient 1's right heel pressure ulcer, dated 10/05/09 found, however no description of the ulcer was located. On 01/27/10, Staff 5, a Licensed Practical Nurse that is a wound nurse at the facility was interviewed. She stated that the photo showed a Stage Two pressure ulcer and that in addition to the photo, there should have been accompanying</p>	S 310			

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S 310	<p>Continued From page 2</p> <p>documentation of the wound.</p> <p>The Director of Clinical Services was also interviewed on 01/27/10. He stated that he could not identify any documentation on the clinical record for the first admission that addressed the right heel ulcer. The Braden Scale for Predicting Pressure Sore Risk evaluation dated 09/22/09 and 09/26/09 identified Patient 1 as "At Risk" for pressure ulcers. The Director of Clinical Services provided surveyors with a copy of "Preventative Measures" for 09/09 and 10/09 when he was asked to show the measures that the facility used to avoid the development of a pressure ulcer. One intervention used was "Offload Heels". A review of the facility's Policy entitled "Pressure Ulcers" stated, "Evaluate the pressure ulcer initially for location, stage (see specific policy), size (in cm's), sinus tracts, undermining, tunneling, exudate (type, odors), necrotic tissue, and the presence and or absence of granulation tissue and epithelialization...". No such documentation was identified. The allegation that the facility did not take appropriate measures to prevent a pressure ulcer was substantiated.</p> <p>2. Resident #2 was a 85 year old male initially admitted to the facility on 9/23/09 and readmitted on 10/10/09 with diagnoses including left lower lobe pneumonia, left heel breakdown, stage II, coronary artery disease, hypertension, status post right total knee arthroplasty and questionable history of chronic obstructive pulmonary disease. The resident was discharged to home on 1/11/10.</p> <p>On 10/21/09 a coccyx wound was identified. Orders were received for daily wound care. The wound treatment and progress record indicated daily wound care was not provided in October</p>	S 310			

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S 310	<p>Continued From page 3</p> <p>and November 2009. The physician order dated 1/11/10 revealed the coccyx ulcer was a Stage III.</p> <p>On 11/2/09, the physician's orders requested a wound care team evaluation. The notes documentend this was the physician's third request. There was no initial documented evidence of a wound on the left calf found in the nursing notes or wound care notes. There was a picture taken of the wound on the left calf dated 11/2/09 and documented as 11 cm long and 2.5 cm wide. There was an order for daily wound care. The wound treatment and progress record revealed wound care was not provided daily in November and December 2009.</p> <p>An interview was conducted on 1/27/10 at 2:10 PM with Employee #3. He explained the wound did not appear to be a vascular wound because it had distal circulation in the foot and toes. It appeared to be a pressure wound. There was no shearing on the first picture, dated 11/2/09, so it would not be a mechanical injury. The wound was dark purple with intact dermis, no shearing present, so the wound would be pressure induced. Throughout healing process it devitalized the tissue (it did not have blood flow and the outer layer of tissue sloughed off), 2nd picture show it sloughed then the last picture showed it was healing.</p> <p>On 1/27/10 at 11:20 AM, an interview was conducted with the wound care nurse, Employee #4, LPN. The employee stated if a wound occurs, a note would be entered on the wound care progress note. For some wounds, ie: surgical wounds dry and intact, pressure ulcers Stage I and II if intact the nurses would provide the wound care treatment. Complicated wounds would be completed by the wound care team. .</p>	S 310			

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S 310	<p>Continued From page 4</p> <p>Employee #7, PT was interviewed on 1/27/10 at 2:35 PM. He recalled caring for Resident #2. The employee stated he was not wearing a brace when the employee saw him.</p> <p>Employee #8, PTA recalled Resident #2 was wearing an air splint while she was taking care of him. She only cared for him a couple of times and removed the splints when she got him to the edge of the bed. Employee #3 stated the wound would not be caused by the air splint due to not enough pressure.</p> <p>The Pressure Ulcer policy was not followed by the facility staff. Pressure ulcers were not re-evaluated weekly. Treatments were not re-evaluated every 2-3 weeks.</p> <p>The dietician was consulted for recommendations. Boost was ordered and enenprotein was ordered three times a day on 11/18/09. Prosource was ordered three times a day and ice cream with meals on 12/11/09.</p> <p>Severity: 3                      Scope: 1</p>	S 310			

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